

Management Directive

CPCC-MD-SH-54500

COVID-19 Notification Response

Revision 0, Change 7

Published: 12/22/2020

Effective: 12/22/2020

Program: Occupational Safety and Industrial Hygiene

Topic: Occupational Safety and Industrial Health

Technical Authority: Zane, Robert

Functional Manager: Hughey, Markis

Use Type: Administrative



Periodic Review Due Date:03/22/2021
Rev. 0, Chg. 7

Change Summary

Description of Change

Extend effective date another 90 days

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1.0 INTRODUCTION

1.1 Purpose

The purpose of this management directive is to provide direction on Emergency Operations Center (EOC) communication actions to be taken when a CH2M HILL Plateau Remediation Company (CHPRC) or subcontractor employee provides notification related to Novel Coronavirus (COVID-19).

1.2 Scope

This management directive covers the information gathering for and communication to the EOC. Information relating to time charging and reporting to work may be found in PRC-MD-HR-54592, *COVID-19 Time Recording and Reporting to Work*.

1.3 Applicability

This management directive applies to all CHPRC and subcontractor personnel.

1.4 Implementation

This management directive is effective upon publication.

2.0 DIRECTION

Supervisors/managers are expected to notify the EOC in the event an employee informs CHPRC management that the employee:

- has been instructed to self-quarantine/isolate **AND** has been tested for COVID-19, or
- has received a positive test for COVID-19.

Supervisors/managers may utilize either Appendix A or Site Form A-6007-853 to capture the information and notify the EOC. This checklist is for information gathering purposes only and is not a record. Once notification is received, the EOC Shift Office will initiate appropriate actions and additional notifications.

If the EOC has been notified of direction to an employee to self-quarantine/isolate by their medical provider **AND** has been tested for COVID-19, supervisors/manager are expected to notify the EOC of test results (positive or negative) at 509-376-3030 or 509-376-2900, when subsequently notified by the employee.

Refer to PRC-MD-HR-54592, *COVID-19 Time Recording and Reporting to Work*, for additional guidance relating to internal or non-EOC employee/management notification requirements.

3.0 DURATION

This management directive will remain in effect for 90 days from effective date.

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4.0 FORMS

None

5.0 RECORD IDENTIFICATION

None

6.0 SOURCES

6.1 Requirements

None

6.2 References

PRC-MD-HR-54592, *COVID-19 Time Recording and Reporting to Work*

6.3 Bases

MSC-MD-COM-62225, *COVID-19 Notification Response*

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Appendix A - COVID-19 Information Checklist

NOTE: When completed, **CONTACT** the Emergency Operations Center Shift Office at 509-376-3030 or 509-376-2900, then **SEND** a copy of the completed form to ^EOC Shift Office.

Official Use Only when filled in

_____/_____
Date Time

Supervisor/Manager complete and provide the following information:

- Supervisor/Manager Name: _____
- Company: _____
- Employee Name: _____
- Job Classification: _____
- Employee's primary work location: _____
- Approximately how many employees reside in affected building? _____
- Are there employees in the building who work backshifts? ☐ Yes ☐ No

Ask the employee to provide as much of the following information as possible:

1. What was reason for test (symptoms, contact trace, voluntary, other (specify))?

a. If symptomatic, when did symptoms begin? _____

b. What are your symptoms? _____

c. If contact trace, were you contacted by BFHD, HPMC, self-initiated, other? _____

i. If self-initiated, who did you contact? _____

2. If you have results were they positive or negative? _____

3. Who directed you to quarantine/isolate? _____

a. How long were you directed to quarantine/isolate? _____

i. Quarantine/isolation start Date: _____ Quarantine/isolation end date: _____

4. When was the last time you were at your primary or other work locations? _____
Date / Time

5. Where was your COVID-19 test conducted? _____

6. What date and time was your test taken? _____

7. What is your County of residence (Benton, Franklin, Yakima, other)? _____

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8. What other work locations have you been to the last few days? _____

9. Did you attend any large work group meetings, training sessions, physical, in-vivo bioassay, or other relevant events the last few days? _____

10. Additional information if available (close contacts, carpools, ride shares, lunch areas, etc.) _____

Official Use Only – When filled in